

FY09 HOPES-HFI FISCAL REPORT

Name of Contractor: Primary Health Care, Inc.

Project Site: PHC POLK CO

Person preparing report: Margaret Coons

I. Enter the expenditures claimed to the FY09 IDPH Contract. (These numbers will match the records at IDPH from submitted expense vouchers)

A. All FY09 Expenditures for HOPES-HFI program/services model:

Budget Category	State Grant and TANF
a. Salary, Fringe, and Benefits – (FAW, FSW, Administration and Support Staff)	\$61,617
b. Equipment	
c. Other – (Travel, Conferences, Workshops & Training)	
d. Admin/Indirect	
Total	\$61,617

B. Total Revenue from IDPH HOPES-HFI FY09 Grant Contract: \$61,617.

II. List all sources of FY09 revenue that supported and financed the total expenses of the FY09 HOPES-HFI program/services model. The revenue should include only amounts used to support the HOPES-HFI program/services model.

A. All FY09 Revenue for HOPES-HFI Program/services Model:

SOURCE	CASH	IN-KIND
1. State Grant and TANF (number entered in B. above)	\$61,617	
2. Community Empowerment		
3. DHS Decat		
4. United Way/Community Chest		
5. Care Coordination for Kids EPSDT		
6. Certified Home Health Care		
7. Local Tax/County		
8. Contractor Organization		
9. Incentive \$ from grant		
10. Other (Primary Health Care, Inc)		\$38,785
11. Other (Identify)		
Total	\$61,617	\$38,785

B. Total the cash & in-kind Revenue: \$100,402.____
(add totals from Cash and In-kind columns above)

C. Describe the method used to determine value of In-Kind:
(may attach a separate sheet if needed)

The method we used to determine value of In-Kind are the sum of the direct cost and allocable indirect costs which we supported to the HOPES program during FY2009 in accordance with GAAP & OMB Circular A-122. The salaries were based

on the % of the hours worked for supporting HOPES program during FY2009 from our payroll. The other direct costs were based on the invoices incurred during FY2009 for supporting the HOPES program.

- III. **FY09 HOPES-HFI EXPENSE: Includes all expenses reimbursed for the total HOPES-HFI program/services model.** The reimbursed expenses should include only amounts used to support the HOPES-HFI program/services model families as reported in B, 3 on the service report and C. below. *Example: If you received \$100,000 from empowerment for home visiting and \$60,000 was used to support the HOPES-HFI program and \$40,000 was used to support a PAT program, you would only report the \$60,000 below under Reimbursed Expenses.*

A. Sources to Reimburse Expenses	Reimbursed Expenses
1. State Grant & TANF Contract (number entered in I. B.)	\$ 61,617
2. Community Empowerment	
3. DHS Decategorization	
4. United Way/Community Chest	
5. Care Coordination for Kids (EPSDT)	
6. Certified Home Health Care	
7. Local Tax/County	
8. Contractor Organization	
9. Incentive \$ from grant	
10. Other (Primary Health Care, Inc.)	\$ 38,785
11. Other (Identify)	
Total	\$100,402

B. 7.0% Enter the % of FY09 total expenses for administration of HOPES-HFI program/services.

C. 45 families Total FY09 Family Caseload, including prenatal families, not delivered before July 1, 2009. (Families match the total entered in B, 3 on FY09 Services Report)

D. \$2,231.15 Average FY09 Cost per Family. (Divide total expenses in III, A. by the total of families in III, C)

E. 2,706 Total Direct Service Hours provided during FY09. (includes all prenatal, outreach, and participating families) Description of direct service hours – Includes all time spent directly on providing services for the families i.e. HV, no show, documentation, communicating with/researching resources, transporting, etc. Does not include such things as conferences/training, general outreach/marketing to community partners, vacation/holiday/sick time.

F. \$37.10 Average FY09 cost per Direct Service Hour. (Divide total expenses in III, A by the total of direct service hours in III, E)

G. 768 Total FY09 completed home visits for prenatal, outreach, and participating families. (Visits match the total entered in Q, 1 on FY09 Services Report)

H. \$130.73 Average FY09 cost per completed home visit. (Divide total of reimbursed expenses in III, A by the total number of completed home visits in III, G)